PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number

10677047

			FILED - P	ART		-			ALL EN	TITY	,	OR	OTI SMA	IER T	HAN
	·		(Column 1)		(Column	12)	1	TY				Γ	RAT	_	FEE
TOTAL CLAIMS			U.					┢	RATE	FE		L	ASIC		70.00
FOR NUMBER FILED			LED	NUMBER EXTRA			B/	ASIC FEE	385	.00	OR			70.50	
TOTAL CHARGEABLE CLAIMS 4 minus 20			s 20=					X\$ 9=			OR	X\$1	8=		
TOTAL CHARGES 122			us 3 =	1			Γ	X43=			OR	X8(6=		
NDEPENDENT CLAIMS MINUS 3 = MULTIPLE DEPENDENT CLAIM PRESENT					1			T	+145=			OR	+29	0=	
				o ente	er "0" in co	lumn 2	-	L	TOTAL	3	85	OR	TO	TAL.	
• If th	ne difference in	column 1 is	MENDED	o, eme	RT II								OT	HER T	THAN NTITY
	CL		MINICIADED	(Colt	ımn 2)	Column 3)_		SMALL			OR	3,41.		ADDI-
A		(Column 1) CLAIMS REMAINING		HIG NU	HEST MBER HOUSLY	PRESENT EXTRA			RATE	TIC	ODI- ONAL EE		RA	TE	TIONAL
AMENDMENT		AFTER AMENDMENT		PAI	D FOR	= /	1	t	X\$ 9=		7	OR	X\$	18=	
NON	Total	<u>* / </u>	Minus Minus	***	2	=	1	t	X43=	T	T^{-}	OR	X	86=	
AME	Independent	* /		· .	NT CLAIM	10		ł			/	OR	+2	90=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	\mathcal{H}		4	<u> </u>	TOTAL	
										4		٣٥٢	ADD	IT. FEE	-/-
		(Column 1)			lumn 2) GHEST	(Column	3)	f		TA	DDI-	7	Г		ADDI-
8		CLAIMS REMAINING		N	UMBER VIOUSLY	PRESEN'	7		RATE	TI	ONAI FEE	-	P	IATE	TIONAL FEE
ENT		AFTER AMENDMEN		P/	ND FOR	=	一		X\$ 9=	1		OF	X	\$18=	
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	Independent FIRST PRESE	* NTATION OF	1	1	NT CLAIM					十		7		290=	
L	FIRST PRESC								+145=				` <u>L</u>	TOTA	
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0	`	CLAIMS REMAININ AFTER		PR	HIGHEST NUMBER REVIOUSLY	PRESE!			RATE		ADDI IONA FEE	T.		RATE	TION
AMENDMENT C		AMENDMENT		- 	AID FOR	1	_	1	Vec	丁		\neg	٦	X\$18=	
	Total	•	Minus			= .		1	X\$ 9=	╌		-	<u>"</u> -	X86=	
	Independent		Minus	S D E N			1	1	X43=	1		니°	R		1-
	FIRST PRES	DENI CLA				+145	=		0	Я	+290=				
	If the entry in co	tumn 1 is less th	an the entry in C	olumn 2	, write "0" in	column 3.	e °20	o.*	TÖT ADDIT. F			\Box c	R A	TOT. DDIT. FI	AL L
	If the entry in co If the "Highest I If the "Highest I	lumber Previous	sly Paid For IN sly Paid For IN ly Paid For (Total	THIS SP THIS S P	ACE is less	than 3, enter	3.		lound in th	-	roprial	e box i	n colu	mn 1.	